

## CASE SUMMARY

### INFORMATION ON PROPOSED SETTLEMENT OF LITIGATION

CASE NAME	Engrid Lewis
CASE NUMBER	TC 021267
COURT	Los Angeles County Superior Court South Central District
DATE FILED	August 30, 2007
COUNTY DEPARTMENT	Department of Health Services
PROPOSED SETTLEMENT AMOUNT	\$437,000
ATTORNEY FOR PLAINTIFF	Joseph Fogel, Esq.
COUNTY COUNSEL ATTORNEY	Narbeh Bagdasarian Deputy County Counsel (213) 974-1864
NATURE OF CASE	<p>This was a civil lawsuit brought by Engrid Lewis for the injuries she suffered while a patient at Harbor/UCLA Medical Center ("HUMC").</p> <p>Ms. Lewis was admitted to HUMC for the treatment of the fibroid tissue in her uterus. The patient was presented with various treatment options, and she chose to have the fibroid tissue surgically treated without her uterus being removed.</p>

On September 27, 2006, the patient underwent a surgical procedure where the staff at HUMC ended up removing the patient's uterus.

The plaintiff filed a lawsuit against the County, based on theories of medical malpractice and battery, contending that she had not consented to the removal of her uterus.

While the County will argue that the proper medical treatment was to remove the patient's uterus, plaintiff will argue that the removal of her uterus was against her wishes. Thus, the Department of Health Services agreed to propose a settlement of this case in the amount of \$437,000.

PAID ATTORNEY FEES, TO DATE	\$8,229.00
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PAID COSTS, TO DATE	\$1,490.00
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## Summary Corrective Action Plan

Date of incident/event:	September 27, 2006
Briefly provide a description of the incident/event:	Ms. Lewis underwent a removal of her uterus without consent.

1. Briefly describe the root cause of the claim/lawsuit:

- Ms. Lewis underwent the removal of her uterus without consent.

2. Briefly describe recommended corrective actions:  
(Include each corrective action, due date, responsible party, and any disciplinary actions if appropriate)


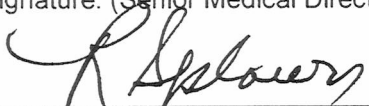
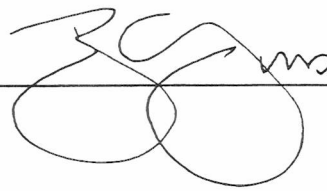
- All appropriate personnel corrective actions have been taken.

3. State if the corrective actions are applicable to only your department or other County departments:  
(If unsure, please contact the Chief Executive Office Risk Management Branch for assistance)

☐ Potentially has County-wide implications.

X Potentially has implications to other departments (i.e., all human services, all safety departments, or one or more other departments).

☐ Does not appear to have County-wide or other department implications.

Signature: (Risk Management Coordinator) 	Date: 12/14/07
Signature: (Senior Medical Director) 	Date: 12/20/07
Signature: (Department Head) 	Date: 12.21.07